



*Comments to Draft 1115 Waiver Application*

Thank you for the opportunity to provide comments to the Draft 1115 Medicaid Waiver application.

Our comments support those comments submitted by Robert Thieman on behalf of the IACCPHP and provide some additional supplement and reinforcement of the positions taken by the Association.

On the whole, the process and timelines for this critical change impacting thousands of people is very aggressive and rushed. We do not see the benefit in rushing this process or any perceived deadline to the submission of the 1115 application. Further and as stated by the IACCPHP, many questions are being met with the response that details will be worked out in the implementation phase in essence trust us that detail will be worked out. The stakes are too high to rely on such a response and therefore greater details regarding implementation need to be shared with stakeholders and advocates if the conceptual design is to be supported.

In the draft, Appendix X definitions of Homemaker exclusively reflects the current Homemaker definition used for the Medicaid Waiver for the Physically Disabled (also known as the DHS DORS Home Services Program). With this definition for Homemaker/In-Home Service, agency-based homecare is only an option to the consumer if the PA mode of service is not possible.

How does this “expand access to and choice of Home and Community-Based Services (HCBS)” which the 1115 purports to be a primary tenet of its purpose? The definition as presented in the draft needs significant revision and we support the association’s comment 3) that the definition be taken from Illinois Administrative Code Administrative Code, Title 89, Chapter II, Part 240, Section 240.

Respecting this is a draft, our feeling is that the draft the 1115 waiver application is far from acceptable. Aside from the appearance that service definitions were only based on content of one of the existing nine waivers, there lacks a forward looking view of the implications on the people that are currently receiving these supportive services. While we completely respect the value placed on maintaining control for selection and direct oversight of workers by younger people with physical disabilities needing on-demand attendant care, we are resolute in our belief that people who are frail and elderly with task based and monitoring needs are far better served exerting these same controls within the supportive safety net of agency-based care. To move forward without consideration of this point will put tens of thousands of seniors at significant risk of institutionalization, hospitalization, abuse or worse.

In any in-home care service program under Medicaid waiver, there must be standards for any mode of service: service delivery expectations, quality assurance and monitoring activities that illustrate comprehensive accountability, employee rights and protections as required by Department of Labor including worker’s compensation, overtime and travel time compensation, and improved consumer health and outcomes.